

Initial Handover Information Form

I/We the child's parent/carer(s) give permission for the mainstream school to share the below information with The Willow Centre.

Signed

Date

Child's Initials:	D.O.B:	School:				
Date:	Contact in School:					
EHCP						
Yes	No	In Progress				
Currently on a reduced timetable						
Yes	No	If 'yes' please provide details				
PPG						
Yes			No			
FSM						
Yes			No			
Current/Historical Factors						
	Child			Family		
	Yes	No	Unknown	Yes	No	Unknown
Mental Health Issues						
Learning Difficulties						
Additional Needs						
Physical Disabilities						
Sensory Impairment						
Emotional Outbursts						
Anti-Social Behaviour						
Drug/Alcohol abuse						
Domestic Violence						
Child Protection Plan						
Child in Need Plan						
Early Help Module/FFA						
Other						

Please provide details of any identified factors above



Where possible, please provide copies of any related documents

Please give details of any agencies and/or services currently involved with child or family

Please provide copies of the following:



Individual Risk Assessment/RAMP

Herts Steps – Roots and Fruits/Anxiety Map

Completed Boxall Profile

Completed SDQ

Please return this form and any other relevant information to
willowcentre@peartreespring.herts.sch.uk